

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
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OMB NO.: 0938-

State: OKLAHOMA

Agency* Citation(s)
Department of Human Services

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

 Yes.

 X No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. _____
Supersedes _____
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Approval Date MAR - 3 1992

Effective Date OCT - 1 1991

HCFA ID: 7983E

STATE	<u>Oklahoma</u>	A
DATE REC'D	<u>JAN 29 1992</u>	
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HCFA 179	<u>92-02</u>	

State: OKLAHOMA

Agency* Citation(s)
Department of Human Services

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.120
435.121
1902(a)(10)
(A)(ii)(XI)
of the Act
42 CFR 435.230

/X 11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:

- ___ (1) All aged individuals.
- ___ (2) All blind individuals.
- ___ (3) All disabled individuals.

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Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

- ☐ (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- ☐ (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- ☐ (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- ☐ (7) Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- ☒ (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- ☐ (9) Individuals in additional classifications approved by the Secretary as follows:

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Agency* Citation(s)
Department of Human Services

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

 Yes

 X No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

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Agency* Citation(s)
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Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.231 ☒ 12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.

☐

The State covers all individuals as described above.

☒

The State covers only the following group or groups of individuals:

1902(a)(10)(A)
(ii) and 1905(a)
of the Act

☒ Aged
☒ Blind
☒ Disabled
____ Individuals under the age of--
____ 21
____ 20
____ 19
____ 18
____ Caretaker relatives
____ Pregnant women

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STATE	<u>Oklahoma</u>	A
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HCFA 179	<u>92-02</u>	

Revision: HCFA Region VI
December 1990

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STATE: OKLAHOMA

Agency*	Citation	Groups Covered
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Department of Human Services

Section 4723 of
P.L. 101-508 and
Section 1903(f)(2)(B)
of the Act

The State agency allows medically needy individuals and families to pay an amount to the State, which when combined with incurred medical costs in prior months, is sufficient when excluded from the family's income, to reduce such family's income below the applicable income limitation described in Section 1903(f)(1) of the Act.

STATE	<u>Okahoma</u>	A
DATE REC'D	<u>1-7-91</u>	
DATE APPV'D	<u>2-5-91</u>	
DATE EFF	<u>11-5-90</u>	
HCFA 179	<u>90-25</u>	

* Agency that determines eligibility for coverage

New 11-05-90

TN NO.

90-25

Effective Date:

11/5/90

Supersedes

TN NO.

2nd Page

Approval Date:

2/5/91

State: OKLAHOMA

Agency* Citation(s)
Department of Human Services

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(e)(3)
of the Act

☐

13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in an institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10)
(A)(ii)(IX)
and 1902(1)
of the Act

☒

14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:

- a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
- b. Infants under one year of age.

Revised 04-01-92

TN No. 92-14
Supersedes
TN No. 92-02

Approval Date AUG 05 1992

Effective Date APR 01 1992

HCFA ID: 7983E

STATE	<u>Oklahoma</u>	A
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Revision: HCFA REGION VI
NOVEMBER 1991

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State: OKLAHOMA

Agency*	Citation(s)	Groups Covered
Department of Human Services		

(RESERVED FOR FUTURE USE)

• Agency that determines eligibility for coverage.

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STATE	<u>OKlahoma</u>	A
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Agency* Citation(s)
Department of Human Services

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a) ☒
(ii)(X)
and 1902(m)
(1) and (3)
of the Act

16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

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February 1994

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

Agency	Citation(s)	Groups Covered
Department of Human Services		

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(47)
and 1920 of
the Act

X

17. Pregnant women who meet the applicable income levels specified in this plan under Attachment 2.6-A who are determined to be presumptively eligible by a qualified provider during a presumptive eligibility period in accordance with §1920 of the Act.

1902(z)(1)
of the Act

X

18. Tuberculosis (TB) infected individuals authorized under §1902(z)(1) of the Act, who meet the income and resource requirements described in Supplement 14 to Attachment 2.6-A.

STATE	<u>Oklaoma</u>
DATE REC'D	<u>SEP 01 1994</u>
DATE APPV'D	<u>SEP 20 1994</u>
DATE EFF	<u>AUG 01 1994</u>
HCFA 179	<u>94-13</u>

A

Revised 08-01-94

TN No. 94-13
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